



Filing a Domestic Insurance Tax Return

Tutorials

Tutorials to provide assistance with functionality included within **myconnect**

- > [How do I create a username?](#)
- > [How do I file a Sales Tax return?](#)
- > [More Tutorials](#)

Business Registration

Select the link below if you need to register and get a Connecticut Tax Registration Number

- > [New Business/Need a CT Registration Number?](#)

Payments

Submit a payment for a bill you received in the mail

- > [Make a Bill Payment](#)



Quick Links

Shortcuts to other e-Services

- > [Taxpayer Service Center Homepage \(TSC\)](#)



File 1099s

Submit bulk file for 1099-MISC or 1099-NEC and associated CT-1096.



- > [File 1099-NEC/CT-1096](#)



Submissions

Submissions are items you have submitted online for processing. Common examples include returns and payments.

- > [Find a Submission](#)



The data you see in this tutorial is completely fictitious. It was made for instructional purposes only. Any resemblance to a real person or business is completely coincidental.

Quick Links

Shortcuts to other e-Services

Taxpayer Service Center Homepage (TSC)

File 1099s

Submit bulk file for 1099-MISC or 1099-NEC and associated CT-1096.

File 1099-NEC/CT-1096

Submissions

Submissions are items you have submitted online for processing. Common examples include returns and payments.

Find a Submission



Once you are logged in to **myconneCT**, the Summary page is displayed. All of your accounts are displayed by default. Locate the Domestic Insurance account for which you would like to file your return.

To begin filing your return, click the **File Now** hyperlink next to the “Return Period Ending On...” text.

Summary Action Center ² Settings More...

Filter

Domestic Insurance

TURTLE SHELL INSURANCE
10 RIVER RD
BRANFORD CT 06405-5041
[Action Center Items](#) ²

Return Period Ending On 31-Dec-2021

Annual Filer

Due

01-Mar-2022

[File Now](#)
[File an Extension](#)

Account

Account ID: 0108773586
CT Tax Reg No: 090040106000

Balance

\$1,260.00

[View/File Returns and View Period Detail](#)
[Make a Payment](#)
[Make an Estimated Payment](#)

Available Prepayments

Pending Payments

\$11,500.00

[View Prepayments](#)

✓



< **TURTLE SHELL INSURANCE**

Form 207 Domestic Insurance Premium
Tax Return

\$0.00
Balance Due

Enter the required return information, then click **Next**.

Form 207 Domestic Insurance Premium Tax Return



Return Information

For form instructions, please click [here](#).

Return Information

NAIC Company Code

61395

Is the insurance company merged/reorganized?

No

Yes

Change in domicile

No

Yes

Company status



Status date



Cancel

Save Draft

< Previous

Next >



< TURTLE SHELL INSURANCE

You can use the Previous and Next buttons to navigate backwards or forwards through the return.

Enter the required information, then click **Next**.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Insurance Premiums Tax Calculation

1.	Gross direct premiums received during the calendar year	904,789.00
2.	Dividends paid	0.00
3.	Taxable premiums: (Line 2 subtracted from line 1)	904,789.00
4.	Tax: (Taxable premiums multiplied by 1.5%)	13,572.00
Claim Insurance/Health Care Tax Credit (207K)?		<div><div>No</div><div>Yes</div></div>

Cancel

Save Draft

< Previous

Next >

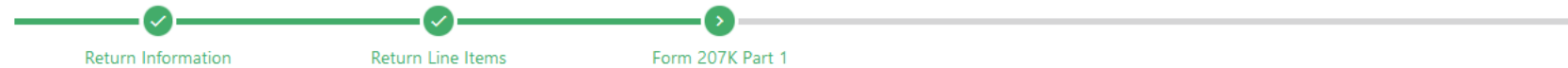


< [TURTLE SHELL INSURANCE](#)

Form 207 Domestic Insurance Premium Tax Return **\$2,072.00**
Balance Due

To enter Part 1 – 30% tax credits from Form CT-207K, click **Add a Record**.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Form CT-207K Insurance/Health Care Center Tax Credit Schedule

Part 1 - 30% Tax Credits

- | | | |
|----|---|-----------|
| 1. | Amount of tax from Form 207 line 4 | 13,572.00 |
| 2. | Part 1 credit limit: Line 1 multiplied by 30% | 4,072.00 |

	Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
+ Add a Record				

[+ Add a Record](#)

Cancel

Save Draft

< Previous

Next >



< TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium
Tax Return

31-Dec-2021

Domestic Insurance

090040106000

TURTLE SHELL INSURANCE

\$2,072.00

Balance Due

01-Mar-2022

Due Date

207K Part 1



Credit Type **Part 1C - 20 - Historic Preservation** ▾

Amount Applied **500.00**

Carryforward Amount **500.00**

Carryback Amount **0.00**

Cancel

Add

2. Part 1 credit limit: Line 1 multiplied by 30%

4,072.00

Select the Credit Type, enter the Amount Applied, and then enter how the credit should be applied. Enter the amount in either the Carryforward Amount or Carryback Amount fields. Click **Add**.

Cancel

Save Draft

< Previous

Next >



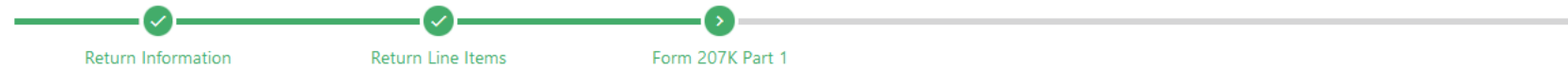
< **TURTLE SHELL INSURANCE**

Form 207 Domestic Insurance Premium
Tax Return

\$1,572.00
Balance Due

Repeat the previous steps until you have reported Part 1 - 30% tax credits, then click **Next**.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Form CT-207K Insurance/Health Care Center Tax Credit Schedule

Part 1 - 30% Tax Credits

1. Amount of tax from Form 207 line 4 13,572.00
2. Part 1 credit limit: Line 1 multiplied by 30% 4,072.00

	Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
	Part 1C - 20 - Historic Preservation	500.00	500.00	0.00

+ Add a Record

+ Add a Record

Cancel

Save Draft

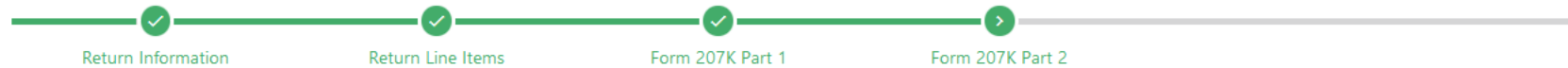
< Previous

Next >



Enter any credits from Part 2 – 55% tax credits from Form CT-207K. In this example, we will not add additional credits. Click **Next** to continue.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Part 2 - 55% Tax Credits

Part 2 Credit limit: Amount of tax from Form 207, line 4 multiplied by 55%

7,465.00

Available credits

6,965.00

	Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
+ Add a Record				

+ Add a Record

Cancel

Save Draft

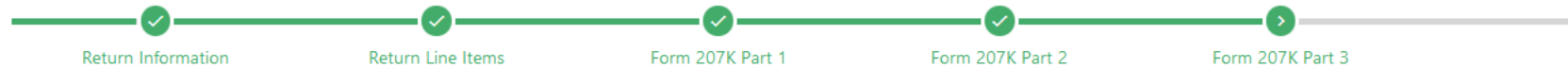
< Previous

Next >



Enter any credits from Part 3 – 70% tax credits from Form CT-207K. In this example, we will not add additional credits. Click **Next** to continue.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Part 3 - 70% Tax Credits

Part 3 credit limit: Amount of tax from Form 207, line 4 multiplied by 70% 9,500.00

Used credits 500.00

Available credits 9,000.00

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
+ Add a Record			
+ Add a Record			

Cancel

Save Draft

< Previous

Next >



Confirm the total tax credits. If you are transferring credit to affiliates click the Yes selector button. In this example, we have selected No. Click **Next** to continue.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Part 4 - Total Tax Credits

Total credits applied to this return	500.00
Total carryforward credits	500.00
Total carryback credits	0.00
Any credit to transfer to affiliates (Part 5)?	<div><div>No</div><div>Yes</div></div>

Cancel

Save Draft

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Part 1: Connecticut Insurance Guaranty Association (CIGA) Assessment Credit

Assessment Date	Name of Insolvent Insurer	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
01-Jan-2015	American Mutual Liability Ins. Co. et al. (2015)	2015	0.00	0.00
01-Jan-2016	Centennial Ins. Co. et al. (2016)	2016	0.00	0.00
02-Jan-2017	Villanova Ins. Co. et al. (2017)	2017	0.00	0.00
01-Jan-2018	Centennial Ins. Co. et al. (2018)	2018	0.00	0.00
01-Jan-2019	Eastern Casualty Ins. Co. et al	2019	0.00	0.00

1.

Total of calculated credit

0.00

2.

Transferred out CIGA credits

0.00

Subtotal:

(Line 2 subtracted from line 1, amount used later in part 5, line 1)

0.00

Part 3: Transferred in CIGA Assessment Credits

	Assessment Date	Name of Insolvent Insurer	Transferor's Tax Registration No.	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
	01-Jan-2015	American Mutual Liability Ins. Co. et al. (2015)		2015	0.00	0.00
	01-Jan-2016	Centennial Ins. Co. et al. (2016)		2016	0.00	0.00

If applicable, report CIGA Assessment credits. Click **Next** to continue.

	01-Jan-2019	Eastern Casualty Ins. Co. et al		2019	0.00	0.00

For form instructions, please click [here](#).

Part 2: Connecticut Life and Health Insurance Guaranty Association (CLHIGA) Assessment Credit

Assessment Date	Name of Insolvent Insurer	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
17-Apr-2017	American Network Ins. Co. (2017)	2017	0.00	0.00
17-Apr-2017	Penn Treaty Network America Ins. Co. (2017)	2017	0.00	0.00
19-Jan-2018	American Network Ins. Co. (2018)	2018	0.00	0.00
19-Jan-2018	Penn Treaty Network America Ins. Co. (2018)	2018	0.00	0.00

1. Total of calculated credit 0.00

2. Transferred out CLHIGA credits 0.00

Subtotal: (Line 2 subtracted from line 1, amount used in part 6, line 1) 0.00

Part 4: Transferred in CLHIGA Assessment Credits

Assessment Date	Name of Insolvent Insurer	Transferor's Tax Registration No.	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
17-Apr-2017	American Network Ins. Co. (2017)		2017	0.00	0.00

If applicable, report CLHIGA Assessment credits. Click **Next** to continue.

19-Jan-2018	Penn Treaty Network America Ins. Co. (2018)		2018	0.00	0.00

Subtotal: (Amount used in part 6, line 2) 0.00

Cancel

Save Draft

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Form 207 Domestic Insurance Premium Tax Return



Review the return line items and update payment information if necessary. Click **Next** to continue.

Return Line Item (Continue)

5.	Applied credit from CT-207K	500.00
6.	CIGA assessment credit	0.00
7.	CLHIGA assessment credit	0.00
8.	Total credits: (Sum of line 5, 6, 7)	500.00
9.	Net tax (Line 8 subtracted from line 4)	13,072.00
10.	Overpayment applied from prior year	0.00
11.	Payments made with estimated tax payment Forms 207F ESA, ESB, ESC, and ESD	11,500.00
12.	Payments made with extension request. Form 207F EXT	0.00
13.	Total prior payments: (Sum of line 10, 11, 12)	11,500.00
14.	Amount overpaid (Line 9 subtracted from line 13)	0.00
15a.	Amount to be applied to 2022 estimated tax	0.00
15b.	Amount to be refunded	0.00



< TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium
Tax Return

\$1,572.00
Balance Due

Review the Line Item Summary, then click **Next**.

TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Line Item Summary

16.	Amount owed	1,572.00
17a.	Estimated penalty	0.00
17b.	Estimated interest	0.00
18.	Interest on underpayment of estimated tax	0.00
19.	Balance due (Sum of line 16, 17a, 17b, 18)	1,572.00

Cancel

Save Draft

< Previous

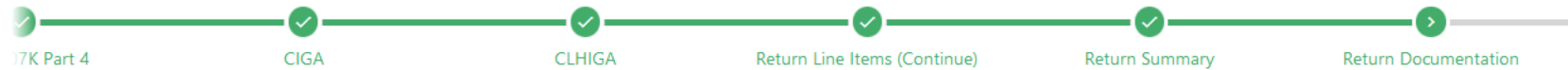
Next >



Form 207 must be filled out with the appropriate forms and schedules attached. You can download the required forms from the DRS website.

To begin adding attachments, click **Add**.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Form 207I**
- **Any form, certificates, and/or supporting documents required to claim credits, if applicable**

Attachments

[Add](#)

Type	Name	Size
------	------	------

There are no attachments.

Cancel

Save Draft

< Previous

Next >



< TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2021

Domestic Insurance

090040106000

TURTLE SHELL INSURANCE

\$1,572.00

Balance Due

01-Mar-2022

Due Date

Form 207 Domestic Insurance Premium Tax Return



7K Part 4



CIGA

For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Form 207I**
- **Any form, certificates, and/or supporting documents** required to claim credits, if applicable

Select a file to attach



Type

Return Documentation



File *

Browse... No file selected.

Required

Cancel

OK



Form Summary



Return Documentation

Click here to download and print the forms listed below.

Click **Browse** to locate the file from your computer. In this example, we are attaching Form 207I.

Cancel

Save Draft

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< TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2021

Domestic Insurance

090040106000

TURTLE SHELL INSURANCE

\$1,572.00

Balance Due

01-Mar-2022

Due Date

Form 207 Domestic Insurance Premium Tax Re



7K Part 4



CIGA

For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Form 207I**
- **Any form, certificates, and/or supporting documents** required to claim credits, if applicable

Select a file to attach



Type

Return Documentation



File

Form207I.pdf

Cancel

OK

Once you have selected the document or file, click **OK**.

There are no attachments.

Cancel

Save Draft

< Previous

Next >



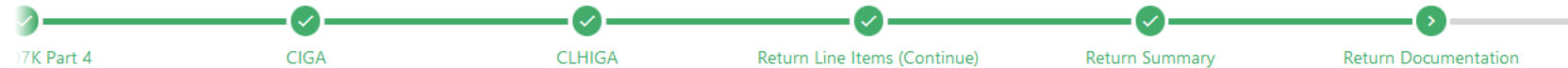
< TURTLE SHELL INSURANCE

Form 207 Domestic Insurance Premium
Tax Return

\$1,572.00
Balance Due

You can attach additional documentation by repeating the previous steps. Once you have attached all required supporting documentation, click **Next**.

Form 207 Domestic Insurance Premium Tax Return



For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Form 207I**
- Any form, certificates, and/or supporting documents required to claim credits, if applicable

Attachments

[Add](#)

Type	Name	Size	
Return Documentation	Form207I.pdf	1,021	Remove

Cancel

Save Draft

< Previous

Next >



If there is a tax due amount, you will be prompted to submit payment.

Select your preferred payment method. In **myconneCT**, you can make payments via ACH debit/direct payment or credit card. Select your payment method, then click **Next**. (In this example, we are selecting ACH debit/direct payment.)



Please select a payment method

- ☒ **ACH Debit/Direct Payment**
Select this option to make a payment with this return. The direct payment option allows you to transfer funds by authorizing the Department of Revenue Services and its designated Financial Agents to electronically debit your bank account for the amount of your tax payment.
- ☐ **Credit Card**
Make a credit card payment at the ACI Payments, Inc. website. ****Credit Card payments are subject to a convenience fee.** Credit cards accepted include American Express, Discover, MasterCard, and Visa. After your return has been submitted, you will be provided with a button to link to ACI Payments, Inc. to 'Make a Credit Card Payment'
- **A convenience fee will be charged by the credit card service provider. The convenience fee is generally 2.35% of the payment amount, with a minimum charge of \$3.95. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.**
- ☐ **ACH Credit/Pay After Filing**
Selecting this payment option **does not** automatically initiate your payment. The confirmation number you will receive with this return only acknowledges the filing of the return. You **must** initiate a payment separate to this filing.

Cancel

Save Draft

< Previous

Next >



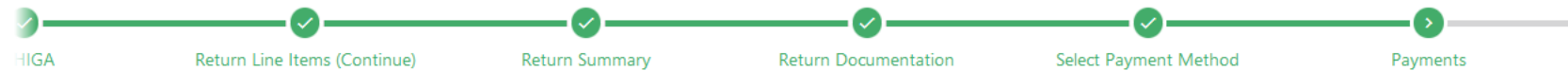
< **TURTLE SHELL INSURANCE**

Form 207 Domestic Insurance Premium
Tax Return

\$1,572.00
Balance Due

Select the proper payment channel and enter your banking information, as well as the payment amount.

Form 207 Domestic Insurance Premium Tax Return



Note: Payment of less than the full amount may result in penalty and interest charges.

If the funds for this payment come from an account outside the United States, choose 'IAT Direct Payment' as the payment channel type.

Debit Block Codes:

A debit block is when you have notified your bank or financial institution to reject all debit requests against your account unless you have provided a specific "debit block code". For more information and a listing of debit block codes, [click here](#)

Payment Channel

Type ^{*}
Required ▼

Payment

Payment Type
Return/Period Payment ▼
Pays off debt for a specific return or period
Payment Date
01-Mar-2022 📅

Cancel

Save Draft

< Previous

Next >

Once you have entered all required payment information, click **Next**.

If the funds for this payment come from an account outside the United States, choose 'IAT Direct Payment' as the payment channel type.

Debit Block Codes:

A debit block is when you have notified your bank or financial institution to reject all debit requests against your account unless you have provided a specific "debit block code". For more information and a listing of debit block codes, [click here](#)

Payment Channel

Type

Direct Payment

Bank Account Type

☒ Checking

☐ Savings

Routing Number

211180023

Bank Name

DUTCH POINT CREDIT UNION

Account Number

1234

Confirm Account Number

1234

Save this payment channel for future use

No

Yes

Payment

Payment Type

Return/Period Payment

Pays off debt for a specific return or period

Payment Date

01-Mar-2022

Select Payment Amount

☒ \$1,572.00 - Current Balance

☐ Other Amount

Amount

1,572.00

Confirm Amount

1,572.00

When making an ACH debit/direct payment in **myconneCT**, you can save your banking information for future use.

Cancel

Save Draft

< Previous

Next >

Form 207 Domestic Insurance Premium
Tax Return

31-Dec-2021
Domestic Insurance
090040106000

\$1,572.00
Balance Due
01-Mar-2022
Due Date

Enter your electronic signature, then click **Submit**.



Paid Tax Preparer

I am a Paid Tax Preparer ☐

Terms and Conditions

I authorize (1) the Connecticut Department of Revenue Services and its designated Financial Agents to initiate a Direct Payment (automatic withdrawal) from the financial institution account designated in this transaction for payment of my Connecticut taxes, and (2) my financial institution to debit the entry to my account.

The amount of the Direct Payment will be: \$1,572.00 and will be initiated on 01-Mar-2022

I understand that if the Connecticut Department of Revenue Services does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest, penalty and return item charges. **Note:** In some instances, your account will be debited on the next business banking day.

Declaration of Taxpayer(s)

I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Once you have agreed that all the information is correct, select "Submit" below to complete this filing. Upon successful filing, you will receive a confirmation number and the option to print a copy of this filing information.

Sign Here

Signature of Principal Officer (Name)	James Tuttle	Principal Officer Title	Other	Date	01-Mar-2022
---------------------------------------	--------------	-------------------------	-------	------	-------------

Cancel

Save Draft

< Previous

Submit



< TURTLE SHELL INSURANCE

Confirmation

Your return has been submitted to the Connecticut Department of Revenue Services. The return will be posted to your account after your submission is processed. Your confirmation number is: **0-000-047-042.**

Filing Details:

Date Submitted: 3/1/2022 4:52:43 PM
Customer Name: TURTLE SHELL INSURANCE
Tax Type: Domestic Insurance
Form Type: Form 207-DIN
Period End: 12/31/2021
Payment Type: ACH Debit/Direct Payment
Amount of Payment: \$1,572.00
Payment Date: 3/1/2022

Please Note: This account cannot be closed on myconnect. DRS will close this account when it receives information from the Connecticut Department of Insurance that this company is no longer licensed in Connecticut.

OOPS? If you want to make a change, it is not too late. While a return is still pending, you can return to your account, view your submission, and edit as necessary.

[Printable View](#)

[OK](#)

Upon successful submission of your return and payment (if applicable), you will be directed to a Confirmation page. If you wish to print a copy of the return for your records, click the **Printable View** button to open a PDF version of the return in your browser.

Form 207-DIN Printout (myconneCT Taxpayer Copy)
Connecticut Form 207 Domestic Insurance Premium Tax Return
Period Ending On: 31-Dec-2021

Date Submitted: 01-Mar-2022 4:52 PM
Organization Name: TURTLE SHELL INSURANCE
Business Trade Name:
CT Tax Registration No.: 090040106000
FEIN: 06-5557777

Due Date: 01-Mar-2022
Contact Name: James Tuttle
User's Web Logon: Turtle_2021
User's Email: jtuttle@exampleemail.com
User's Phone: (555) 555-5555

Payment Information
Account Type: Checking
Routing Number: 211180023
Bank Name: DUTCH POINT CREDIT UNION

Payment Date: 3/1/2022
Account Number: 1234
Payment Amount: \$1,572.00

Confirmation Number: 0-000-047-042

Please Note: This account cannot be closed on myconneCT. DRS will close this account when it receives information from the Connecticut Department of Insurance that this company is no longer licensed in Connecticut.

Note: There is one attachment included in this submission

1. Gross direct premiums received during the calendar year.	1. \$	904,789.00
2. Dividends paid.	2. \$	0.00
3. Taxable premiums.	3. \$	904,789.00
4. Tax: Multiply line 3 by 1.5%	4. \$	13,572.00
5. Applied credit from CT-207K, Part 4, line 36, column C.	5. \$	500.00
6. CIGA assessment credit	6. \$	0.00

You can use the browser tools to print a copy of the return for your personal records.

Important: Do not mail this confirmation page to the agency. Mailing in the confirmation page could result in duplicate filings and delayed processing of your return.

17b. Estimated interest,	17b. \$	0.00
18. Interest on underpayment of estimated tax: Attach Form 207I.	18. \$	0.00
19. Balance due (Sum of 16, 17a, 17b, 18)	19. \$	1,572.00



< TURTLE SHELL INSURANCE

Confirmation

Your return has been submitted to the Connecticut Department of Revenue Services. The return will be posted to your account after your submission is processed. Your confirmation number is: **0-000-047-042.**

Filing Details:

Date Submitted: 3/1/2022 4:52:43 PM
Customer Name: TURTLE SHELL INSURANCE
Tax Type: Domestic Insurance
Form Type: Form 207-DIN
Period End: 12/31/2021
Payment Type: ACH Debit/Direct Payment
Amount of Payment: \$1,572.00
Payment Date: 3/1/2022

Please Note: This account cannot be closed on myconneCT. DRS will close this account when it receives information from the Connecticut Department of Insurance that this company is no longer licensed in Connecticut.

OOPS? If you want to make a change, it is not too late. While a return is still pending, you can return to your account, view your submission, and edit as necessary.

Printable View

OK

Click **OK** to return to the Summary page.



Not seeing what you're looking for? Click the 'More...' tab for other options such as updating names, addresses, and viewing correspondence.

The status of the return is *Submitted*. Once the return has been processed, the status will display as *Return Filed*.

BRANFORD CT 06405-5041

[Summary](#) [Action Center ²](#) [Settings](#) [More...](#)

Filter

Domestic Insurance

TURTLE SHELL INSURANCE
10 RIVER RD
BRANFORD CT 06405-5041

[Action Center Items ²](#)

Return Period Ending On 31-Dec-2021 [View Submission](#)

Annual Filer

Status

Submitted

Account [View/File Returns and View Period Detail](#)

Account ID: 0108773586

CT Tax Reg No: 090040106000

Balance

\$1,260.00

[Make a Payment](#)

[Make an Estimated Payment](#)

Available Prepayments [View Prepayments](#)

Pending Payments

\$11,500.00





[Click here](#) for more tutorials!



Quick Links

Shortcuts to other e-Services

[Taxpayer Service Center Homepage \(TSC\)](#)



File 1099s

Submit bulk file for 1099-MISC or 1099-NEC and associated

[File 1099-MISC or 1099-NEC](#)



Submissions

Submissions are items you have submitted online for processing. Common examples include returns and payments.

[Find a Submission](#)

